

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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IN THE MATTER OF:

██████████,

Appellant

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Docket No. 2009-33969 PA  
Case No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████ represented himself at hearing. Translation services were provided by ██████████, a paid translator. ██████████, represented the Department. ██████████, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization for dentures?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary.
2. On ██████████, the Appellant requested prior authorization for dentures, through his dentist.
3. Department records indicate the Appellant had last received dentures on ██████████.

4. On ██████████, the Department denied the prior authorization request. The Department indicated that the Appellant had been provided the service within the last five years.
5. On ██████████, the Department received Appellant's request for a hearing.

## **CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

The issue in this case is whether the Department properly applied the five year rule for denture coverage. *MDCH Medicaid Provider Manual, Dental Section, July 1, 2009, pages 17-19*, outlines coverage for dentures:

### **6.6 PROSTHODONTICS (REMOVABLE)**

#### **6.6.A. GENERAL INSTRUCTIONS**

Complete and partial dentures are benefits for all beneficiaries. All dentures require PA.

Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. An upper partial denture PA request must also include the prognosis of six sound teeth.

Complete or partial dentures are authorized:

- If there is one or more anterior teeth missing;
- If there are less than eight posterior teeth in occlusion (fixed bridges and dentures are to be considered occluding teeth); or
- Where an existing complete or partial denture cannot be made serviceable through repair, relining, adjustment, or duplicating (rebasing) procedures.

If a partial denture can be made serviceable, the dentist should provide the needed restorations to maintain use of the existing partial, extract teeth, add teeth to an existing partial, and remove hyperplastic tissue.

Before final impressions are taken and any construction begun on a complete or partial denture, healing adequate to support a prosthesis must take place following the completion of extractions or surgical procedures. This includes the posterior ridges of any immediate denture. An exception is made for the six anterior teeth (cuspid to cuspid) only when an immediate denture is authorized.

Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within six months of insertion. This includes such services for an immediate upper denture when authorized.

If a complete or partial denture requires an adjustment, reline, repair, or duplication within six months of insertion, but the services were not provided until after six months of insertion, no additional reimbursement is allowed for these services.

Complete or partial dentures are not authorized when:

- A previous prosthesis has been provided within five years, whether or not the existing denture was obtained through Medicaid.
- An adjustment, reline, repair, or duplication will make them serviceable.
- Replacement of a complete or partial denture that has been lost or broken beyond repair is not a benefit within five years, whether or not the existing denture was obtained through Medicaid.

#### **6.6.B. COMPLETE DENTURES**

Only complete dentures with noncharacterized teeth (i.e., without cosmetic enhancements, such as gold denture teeth) and acrylic resin bases are a benefit of Medicaid. To be covered by Medicaid, all of the following procedures must be used to fabricate the dentures:

- Individual positioning of the teeth;
- Waxup of the entire denture body; and
- Conventional laboratory processing.

A preformed denture with teeth already mounted (i.e., teeth already set in acrylic prior to initial impressions) forming a denture module is not a covered benefit. Overdentures or Cusil dentures are not a covered benefit.

### **6.6.C. IMMEDIATE COMPLETE DENTURE**

An immediate complete denture is a benefit only when the immediate extractions involve only the anterior teeth, whether maxillary or mandibular. When requesting PA, the dentist must state on the request that the denture will be an immediate denture, which teeth will be extracted at the denture insertion visit, and the reason the immediate denture is needed.

For reasons of denture stability and retention, an immediate denture is not a benefit:

- For the posterior segments of the maxillary or mandibular arch.
- Where cast metal base saddle areas are to be provided.

### **6.6.D. PARTIAL DENTURE**

Partial dentures are a covered benefit for all beneficiaries over age 16 with the following limitations:

- A one-piece cast metal partial denture is not a benefit.
- Elaborate appliance items, such as semi-precision or precision attachments, stress breakers, hinge saddle areas, or Kennedy (lingual) blankets are not benefits.

All clasps are included in the fee for the partial denture.

To ensure that eruption of the teeth is completed before a permanent appliance is placed, partial dentures are not a covered benefit for beneficiaries under age 16. To replace a lost anterior tooth on a patient under age 16, PA must be submitted for an interim partial denture.

### **6.6.E. INTERIM COMPLETE & PARTIAL DENTURES**

Interim complete dentures are authorized only in very unusual situations. For beneficiaries under the age of 16, interim partial dentures (sometimes called a "stayplate") to replace anterior teeth are authorized. The provider must submit justification and explanation of proposed future treatment with the PA request.

Medicaid Provider Manual, Dental Section,  
Version date July 1, 2009.

The Department introduced evidence that Appellant had dentures provided within the past

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five years and therefore the authorization request was not approved in accordance with the policy outlined in the Dental Section of the Department's Medicaid Provider Manual. A billing date of [REDACTED], was specifically evidenced by Department records.

The Appellant stated the dentures he had been provided did not fit well and were not satisfactory. He stated he did not understand the rules prior to hearing.

The Appellant has a dispute with the dentist who provided dentures the Appellant does not find satisfactory. While this ALJ has sympathy for the Appellant's plight, being dissatisfied with the results of previously fitted dentures, the program parameters do not allow for coverage for dentures more than 1 time in a 5 year period. The Appellant did not otherwise provide evidence he was entitled to additional program benefits under current policy. The Department provided sufficient evidence that its denial was in accord with Policy.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Department properly denied Appellant's request for prior authorization for dentures.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

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Jennifer Isiogu  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 12/30/2009

\*\*\* NOTICE \*\*\*

  
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The State Office of Administrative Hearings and Rules for the Department of Community Health may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules for the Department of Community Health will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.